



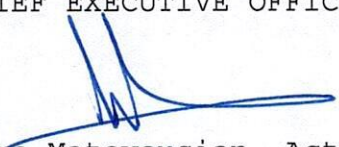
U.S. Department of Justice
Memorandum
Federal Bureau of Prisons

Correctional Programs Division

Central Office
320 First Street, N.W.
Washington, DC 20534

May 8, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM:  Andre Matevosian, Acting Assistant Director
Correctional Programs Division

HUGH HURWITZ Digitally signed by HUGH HURWITZ
Date: 2020.05.08 15:57:01 -04'00'

Hugh J. Hurwitz, Assistant Director
Reentry Services Division

SUBJECT: Home Confinement

In our continued effort to protect the health and safety of staff and inmates during the COVID-19 pandemic, it is imperative to review at-risk inmates for placement on home confinement. This memorandum provides updated guidance and direction and rescinds the memorandum dated April 22, 2020.

In accordance with the March 26, 2020, Memorandum, and to ensure the BOP is deploying its limited resources in the most effective manner, the following factors must be assessed to ensure inmates are suitable for home confinement:

- Reviewing the inmate's institutional discipline history for the last twelve months (**Inmates who have received a 300 or 400 series incident report in the past 12 months may be referred for placement on Home Confinement, if in the Warden's judgement such placement does not create an undue risk to the community.**)
- Ensuring the inmate has a verifiable release plan;
- Verifying the inmate's primary offense is not violent, a sex offense, or terrorism related;
- Confirming the inmate does not have a current detainer.

- Priority should be given to inmates residing in Low and Minimum security facilities;
- Inmates who have anything above a Minimum score not receiving priority treatment;
- And the age and vulnerability of the inmate to COVID-19, in accordance with the CDC guidelines

Home Confinement is generally prioritized for those inmates who have served a certain portion of their sentence, or who only have a relatively short amount of time remaining on their sentence. While these priority factors are subject to deviation in certain circumstances and are subject to revision as the situation progresses, we are currently prioritizing for consideration those inmates who either:

- have served 50% or more of their sentence,
- or have 18 months or less remaining on their sentence and have served 25% or more of their sentence.

If the Warden determines there is a need to refer an inmate for placement in the community due to COVID-19 risk factors who is outside of the criteria listed above. Then, the Warden should forward the Home Confinement referral to the Correctional Programs Division in Central Office for further review.

All inmates must be reviewed by the SIS Department at the referring facility to determine if the inmate has engaged in violent or gang-related activity in prison. **Inmates who have received a 300 or 400 series incident report in the past 12 months may be referred for placement on Home Confinement.**

Referrals must be made based on appropriateness for home confinement. Consideration should be given to whether the inmate has a verifiable reentry plan, which will prevent recidivism and maximize public safety; including verification, the conditions under which the inmate would be confined upon release would present a lower risk of contracting COVID-19.

All referrals should clearly document the review of the following:

- Specific type of release residence (House/Apt/Group home etc.),
- Who inmate will be living with,
- Any health concerns of individuals in the residence,
- Contact phone numbers of the inmate should he/she be placed on Home Confinement,

- Transportation plan as to how the inmate will be transferred to the Home Confinement location.

All the above information must be documented on the referral for Home Confinement prior to submission to the RRM Office.

Inmates will be screened by Health Services to determine if the inmate requires frequent and on-going medical care within the next 90 days, if frequent and on-going medical care is required then:

- Health Services staff will coordinate with Naphcare and RRMBs Health Services Specialists to determine if the inmates' medical needs can be met in the community at this time. Naphcare will set up follow up care prior to transfer. The inmate must transfer with AT LEAST 90 days of any prescribed medications.
- If inmates' medical needs cannot be met in the community, then the inmate will remain at BOP Facility.
- If inmates do not require frequent and on-going medical care then the referral will be processed.
- All the above information must be clearly documented on the referral for Home Confinement prior to submission to the RRM Office.
- **Medical staff must add COVID specific risk factors to the medical (BEMR) exit summary.**

Pregnant inmates should be considered for viability of placement in a community program to include Mothers and Infants Together (MINT) programs and Home Confinement.

If an inmate is referred for home confinement due to the COVID-19 pandemic, the Case Management Activity (CMA) assignment **CV-COM-REF** should be loaded.

Case Management Coordinators must track all inmates determined to be ineligible for Home Confinement or the Elderly Offender Pilot Program and enter the appropriate denial code in SENTRY. Reports outlining the reason for denial must be reported to BOP-CPD/Unit Management on a weekly basis by Monday at 2pm EST.

If you have any questions, please contact [REDACTED], Acting Senior Deputy Assistant Director, Correctional Programs Division.